



Department of Human Services  
311 West Saratoga Street  
Baltimore MD 21201

Family Investment Administration  
ACTION TRANSMITTAL

Control Number: # 19-12

Effective Date: Immediately

Issuance Date: January 16, 2019

TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES  
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT  
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF  
ELIGIBILITY DETERMINATION DIVISION STAFF  
LOCAL HEALTH DEPARTMENT ELIGIBILITY STAFF

FROM: DEBBIE RUPPERT, EXECUTIVE DIRECTOR, MDH/OES  
NETSANET KIBRET, EXECUTIVE DIRECTOR, DHS/FIA

RE: SYSTEM INTEGRITY: RECONCILING ALL ELIGIBILITY SYSTEMS

PROGRAMS AFFECTED: MEDICAL ASSISTANCE (MA)

ORIGINATING OFFICE: OFFICE OF ELIGIBILITY SERVICES

**SUMMARY**

This action transmittal (AT) provides a **critical** reminder that Case Managers are required to perform the clearances to determine or redetermine eligibility appropriately. It is especially important to perform Maryland Medicaid Information System (MMIS) and State Verification Exchange System (SVES) clearances. MMIS is the clearinghouse for the payment of Medicaid (MA) claims (invoices from providers for payment of services rendered to recipients) by the Maryland Department of Health (MDH).

Each Medicaid (MA) coverage group has an associated Federal Medical Assistance Percentage (FMAP) funding source. It is a potential audit finding, and cost to the State, if a recipient is in an incorrect FMAP funding coverage group, even if the recipient is eligible for MA in another coverage group.

When the coverage group is incorrect or a recipient is already active in MMIS in another coverage group, errors may occur and result in significant manpower hours to investigate and correct the problem. Moreover, incorrect coverage groups or eligibility spans result in delays and confusion that lead to a high volume of customer service inquiries from customers and providers.

## **ACTION REQUIRED**

Case Managers taking any action on a MA case **must** check MMIS **before the action is taken**. When MA eligibility already exists on MMIS in a specific coverage group, the Case Manager must decide if the new action requires the existing MA case to be closed in the existing system of record (Maryland Health Connection (MHC), Client Automated Resource & Eligibility System (CARES) and Eligibility & Enrollment System (E&E).

If the Case Manager does not also have the authority to handle the closing of the active MA case in the existing system of record, **it is the responsibility of the Case Manager taking the current action to ensure contact/communication with the appropriate parties for the existing system of record to handle the closing action**. Each Department should have established procedures or internal resources for ensuring that case actions are handled as appropriate in all eligibility systems.

For example: If a customer is enrolled in an A-track coverage group on MMIS, indicating the case is active in Maryland Health Connection, but is now applying for Long-Term Care (LTC) Medical Assistance in E&E, the Case Manager responsible for the LTC application must close the case in MHC **if the decision is to approve the LTC application in E&E**. If the Case Manager does not have a logon for MHC, it is the Case Manager's responsibility to follow local office procedures for ensuring another Case Manager closes the MHC case **before approving the LTC application in E&E**.

The following actions should always be performed:

- **Narrate to document ALL the action(s) taken on the case.**
- Perform the required clearances to determine/redetermine eligibility appropriately: especially MMIS and SVES clearances.
- Upload all clearances obtained to establish eligibility in the case record to substantiate your decisions.
- Upload all incoming documents to establish eligibility in the case record to substantiate your decisions.
- Follow standard operating procedures for properly maintaining case records so that case records (**inclusive of all materials to substantiate eligibility**) are **readily accessible** to your office and other outside entities, including auditors.
- Use Alerts to follow-up on outstanding case issues.
- Ask your supervisor for clarification when unsure of policies or procedures.

The following actions **should also be performed when there is evidence of an existing MA eligibility:**

- Determine if the existing MA eligibility should be closed.
- Close the existing MA coverage group (allowing for timely/adequate notice) if appropriate.
- Contact/communicate with the appropriate parties for the existing system of record to close the existing eligibility if appropriate to do so.
- Check MMIS to determine that the existing MA coverage has closed **before the new eligibility is transmitted to MMIS**.
- **Check the existing system of record to ensure that the MA eligibility in that system has also closed if appropriate.**

**INQUIRIES**

Please direct policy questions to the Maryland Department of Health, Office of Eligibility Services at 410-767-1463 or 1-800-492-5231 (select option 2 and request extension 1463).

cc: DHS Executive and FIA Management Staff  
MDH Executive and OES Management Staff  
MHBE Executive and Management Staff  
DHS Constituent Services  
DHS Help Desk